

CRIMINALISTICS TRAINING COURSE

cci application form

Application Form

Please complete this form clearly and carefully.



California Criminalistics Institute

Course applied for:

Course Number:

Prerequisite courses taken (if applicable):

(Explain how you qualify if you do not have a prerequisite class):

Experience in the subject area ☐ None ☐ < 1 yr ☐ 1-2 yrs ☐ 2-5 yrs ☐ >5 yrs

Percent of time to be spent in subject area ☐ < 25% ☐ 25-50% ☐ 50-75% ☐ >75%

Personal details

Name

Title

SSN

E-mail

CAC membership status: ☐ Member

☐ Non-member

Phone

Fax

Disabled services needed

Agency & Supervisor/Training Coordinator details

Name

Title

E-mail

Phone

Agency Name

Address

City

State

Zip

Submission to be verified by applicant's supervisor:

I certify that the above information is correct (signature & date)

Note on e-mail submissions: In lieu of signature, e-mailed applications must be sent by supervisor

Send To:

California Criminalistics Institute
11181 Sun Center Drive
Rancho Cordova, CA 95670

Phone: 916.464.0600

Fax: 916.464.5818

e-mail: cci@doj.ca.gov

CCI use

Registrar

Received

Initial

Date

Enrolled

Wait list

Class Date

Do Not Register

By

